

United States Courts  
Southern District of Texas  
FILED

DEC 11 2020

UNITED STATES DISTRICT COURT

David J. Bradley, Clerk of Court

FOR THE  
Southern DISTRICT OF Texas (Houston)

UNITED STATES OF AMERICA

Case No. 4:01-CR-00072  
(write the number of your criminal  
case)

v.

Armando Ramirez, Sr.

Write your full name here.

MOTION FOR SENTENCE  
REDUCTION UNDER  
18 U.S.C. § 3582(c)(1)(A)  
(Compassionate Release)  
(Pro Se Prisoner)

## NOTICE

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Does this motion include a request that any documents attached to this motion be filed under seal? (Documents filed under seal are not available to the public.)

☐ Yes☒ No

If you answered yes, please list the documents in section IV of this form.

**I. SENTENCE INFORMATION**

Date of sentencing: 9.26 - 2001  
Term of imprisonment imposed: 324 months BOP  
Approximate time served to date: 19 years 2 months  
Projected release date: 9-27-2028  
Length of Term of Supervised Release: 5 years

Have you filed an appeal in your case?

☒ Yes

☐ No

Are you subject to an order of deportation or an ICE detainer?

☐ Yes

☒ No

**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES<sup>1</sup>**

18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on your behalf, or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the Bureau of Prisons related to your motion, including your written request to the Warden and records of any denial from the Bureau of Prisons.

<sup>1</sup> The requirements for this compassionate release motion being filed with the court differ from the requirements that you would use to submit a compassionate release request to the Bureau of Prisons. This form should only be used for a compassionate release motion made to the court. If you are submitting a compassionate release request to the Bureau of Prisons, please review and follow the Bureau of Prisons program statement.

Have you personally submitted your request for compassionate release to the Warden of the institution where you are incarcerated?

- ☒ Yes, I submitted a request for compassionate release to the warden on \_\_\_\_\_.
- ☐ No, I did not submit a request for compassionate release to the warden.

If no, explain why not:

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Was your request denied by the Warden?

- ☒ Yes, my request was denied by the warden on (date): April 17, 2020
- ☐ No. I did not receive a response yet.

### III. GROUNDS FOR RELEASE

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You may also attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

#### A. Are you 70 years old or older?

- ☒ Yes.
- ☐ No.

If you answered no, go to Section B below. You do not need to fill out Section A.

If you answered yes, you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(ii) if you meet two additional criteria. Please answer the following questions so the Court can determine if you are eligible for release under this section of the statute.

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Have you served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which you are imprisoned?

☐ Yes.

☒ No.

Has the Director of the Bureau of Prisons determined that you are not a danger to the safety of any other person or the community?

☐ Yes.

☒ No.

**B. Do you believe there are other extraordinary and compelling reasons for your release?**

☒ Yes.

☐ No.

If you answered "Yes," please check all boxes that apply so the Court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i).

☐ I have been diagnosed with a terminal illness.

☒ I have a serious physical or medical condition; a serious functional or cognitive impairment; or deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition.

☒ I am 65 years old or older and I am experiencing a serious deterioration in physical or mental health because of the aging process.

☐ The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.

☐ My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.

☐ There are other extraordinary and compelling reasons for my release.

Please explain below the basis for your request. If there is additional information regarding any of these issues that you would like the Court to consider but which is confidential, you may include that information on a separate page, attach the page to this motion, and, in section IV below, request that that attachment be sealed.

I previously suffered a heart attack which required a heart cath with coronary stent. More recently I have been diagnosed with edema, hyperlipidemia, hypertension, atherosclerotic heart disease and cardiomyopathy. In 2018 I had an echo which showed abnormal results. The chest pains continue to date.

#### IV. ATTACHMENTS AND REQUEST TO SEAL

Please list any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged but not required to complete the proposed release plan. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?		Request to seal?	
Proposed Release Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional medical information	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**V. REQUEST FOR APPOINTMENT OF COUNSEL**

I do not have an attorney and I request an attorney be appointed to help me.

☒ Yes

☐ No

**VI. MOVANT'S DECLARATION AND SIGNATURE**

For the reasons stated in this motion, I move the court for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of perjury that the facts stated in this motion are true and correct.

11/30/2020  
Date

Armando Ramirez  
Signature

Armando Ramirez  
Name

08907-079  
Bureau of Prisons Register #

Baumgartner FCI  
Bureau of Prisons Facility

5560 Knauth Road  
Institution's Address  
Baumgartner, Texas 77705  
Physical address

mailing address: P.O. Box 26020 Baumgartner, TX 77720

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT

FOR THE  
Southern DISTRICT OF Texas (Houston)

UNITED STATES OF AMERICA

Case No. 4:01-CR-00072  
(write the number of your criminal case)

v.

Armando Ramirez Sr.

Write your full name here.

PROPOSED RELEASE PLAN

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

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If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☐ Yes

☒ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

**PROPOSED RELEASE PLAN**

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

**A. Housing and Employment**

Provide the full address where you intend to reside if you are released from prison:

3410 Mystic Port, Katy, Texas 77494

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison:

Juan + Isela Garcia  
713-823-4330 281-935-6664

Provide the names (if under the age of 18, please use their initials only), ages, and relationship to you of any other residents living at the above listed address:

B.G. (7 years old) (grandson)

If you have employment secured, provide the name and address of your employer and describe your job duties:

\_\_\_\_\_  
\_\_\_\_\_

List any additional housing or employment resources available to you:




ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

**B. Medical needs**

Will you require ongoing medical care if you are released from prison?

☒ Yes

☐ No

Will you have access to health insurance if released?

☐ Yes

☒ No

If yes, provide the name of your insurance company and the last four digits of the policy number. If no, how do you plan to pay for your medical care?

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If no, are you willing to apply for government medical services (Medicaid/Medicare)?

☒ Yes

☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☒ Yes

☐ No

If yes, please include them with your motion. If no, where are the records located?


ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

Are you currently prescribed medication in the facility where you are incarcerated?

☒ Yes

☐ No

If yes, list all prescribed medication, dosage, and frequency:

1) isosorbide mononitrate 60mg 2) metoprolol  
tartrate (25mg) 3) levothyroxine sodium (50mcg) 4) atorvastatin (20mg)  
5) aspirin 81 mg 6) potassium 25mg

Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

☐ Yes

☒ No

If yes, list equipment:

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Do you require assistance with self-care such as bathing, walking, toileting?

☐ Yes

☒ No

If yes, please list the required assistance and how it will be provided:

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Do you require assisted living?

☐ Yes

☒ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

If yes, please provide address of the anticipated home or facility and the source of funding to pay for it.


Are the people you are proposing to reside with aware of your medical needs?

☒ Yes

☐ No

Do you have other community support that can assist with your medical needs?

☐ Yes

☒ No

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use their initials only:

My daughter Isela Garcia (47)

Will you have transportation to and from your medical appointments?

☒ Yes

☐ No

Describe method of transportation:

My family (daughter) can take me.

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

11/30/2020

Date

Armando Ramirez

Signature

Armando Ramirez

Name

08907-079

Bureau of Prisons Register #

FCI Beaumont how

Bureau of Prisons Facility

P.O. Box 26020 Beaumont, Texas 77720

Institution's Address

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT

FOR THE  
Southern DISTRICT OF Texas (Houston)

UNITED STATES OF AMERICA

Case No. 4:01-cr-00072  
(write the number of your criminal case)

v.

Armando Ramirez Sr.

Write your full name here.

**MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION**  
**In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)**

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Do you request that the attachments to this document be filed under seal?

- ☐ Yes  
☒ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

**MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION**

To the extent you have medical records or additional medical information that support your motion for compassionate release, please attach those records or that information to this document.

**SIGNATURE**

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

11/30/2020  
Date

Armando Ramirez  
Signature

Armando Ramirez  
Name

08907-09  
Bureau of Prisons Register #

Beaumont Low FCI  
Bureau of Prisons Facility

P.O. Box 26080 Beaumont, Texas 77780  
Institution's Address